Correspondence

R.M.B.F. Christmas Gifts Fund

SIR,—I write on December 1 to acknowledge the sum of £278 13s. 6d. which has been received in donations towards our Christmas Gifts Fund. This will enable us to distribute gifts to our annuitants, but we also have 300 to 400 beneficiaries on our books who are in receipt of regular and annual grants. Their circumstances are similar to those of our annuitants, and in previous years they have also received the Christmas Gift. I should be very grateful if those of your readers who have not yet contributed would send a donation, however small, addressed to

Royal Medical Benevolent Fund,
Christmas Gift Account,
Wormingford, Essex.

At Christmas, 1938, we distributed £1,174, and I hope we may be able to do the same again this year, but time is short. —I am, etc.,

THOS. BARLOW,
President.

Active Service Medical Societies

SIR,—In times of stationary warfare, and particularly in the winter months, it becomes necessary to invent schemes for the counteraction of boredom and the maintenance of interest and efficiency. For the medical services there can be nothing better for this purpose than the medical society, with all its opportunities for exchange of "shop" and useful information, and with as regular and varied a programme as circumstances may permit. Medical meetings, whether under the auspices of a local society or not, played their part in the last war and are sure to be revived. Such societies may be small or large and based on an army or a corps, or have their centre at a base, or in hospitals and training areas at home. They can combine a social with scientific purpose, and their meetings should not become too formal. In the case of the Expeditionary Force they should be able to draw upon consultants or medical or surgical specialists attached to base hospitals and casualty clearing stations for papers on clinical topics. Talks among ambulance and regimental officers on aspects of their work can be equally valuable if less clinical. Pathologists and medical officers connected with sanitation and the many-sided problems of venereal disease should also have their contributions to make. Directors or assistant directors of medical services may be very profitably invited to give instruction and advice on administrative subjects and to recount experience of other campaigns to units mainly composed of civilian doctors.

The educational approach to the venereal disease problem—as opposed to the mere provision of preventive packets—and how it may best be organized for different types of unit and different ranks inevitably requires free discussion in our younger modern army. The practical and theoretical implications of the surgical methods advocated by Trueta; the known and possible contributions, and also the dangers, of sulphonamide treatment in sepsis, pneumonia, meningococcal meningitis, and gonorrhoea; the management of shock and chest wounds; the old P.U.O. problem—all these should provide food for discussion even before the advent of battle. Few problems call for more careful consideration than that of D.A.H. or soldier's heart. Many physicians, in retrospect, must feel convinced that there was a wholly unnecessary sick wastage from this cause in the last war and that physical and infective factors (as opposed to emotional factors) were far too extensively blamed, even by cardiologists of distinction who had not seen cases in their early stages and in their causal environment. A large proportion of all cases could have been reclaimed by simple psychotherapy and physiotherapy, without hospitalization or invaliding and with a great saving of expense to the country. The soldier is a simple and sensible fellow for the most part, but, like the civilian, he can either be made into an invalid by a wrong treatment or label or cured of many of his functional disorders by straightforward explanation and reassurance and short respites from bad conditions. Reminders of the advantage of re-educational camps, instead of hospitals, for all the minor neuroses (a late lesson of the last war) cannot be brought too soon to the notice of the whole medical service.

A lending library at the base and a system of circulation of important journals, manuals, and reprints should not be beyond the dreams and the scope of the best-organized army medical corps in the world. The keeping of medical notebooks and diaries should everywhere be encouraged.

Many of us look back upon our medical and surgical experience of the last war as one of the most vivid and instructive experiences of a lifetime. The good comradeship, the complete absence of the competitive evil, the living and working at close quarters of friendly teams, the direction of unanimous effort to the one object of doing the best possible both for the Service and for the individual sick or wounded soldier, sailor, or airman—all these provide an atmosphere which might with advantage, but does not yet, exist in our less united and less whole-hearted civilian organizations.

With the addition of research teams and base or army schools or instructional courses the welding and evolution of the military medical machine in time become complete and lend full support and inspiration to the common cause. The particular functions of the medical society are to bind and to leaven the official work, to facilitate exchange of views, and to maintain enthusiasm and the spirit of inquiry essential to all good medical service. We are all confronted with a new phase of postgraduate education, and Osler's happy reflections on "The Educational Value of the Medical Society" are as worthy of attention in war time as in times of peace. —I am, etc.,

Cambridge, Dec. 11. JOHN A. RYLE.

Evacuation of Small Children

SIR,—The evacuation of small children between the ages of 2 and 5 introduces major psychological problems. Schemes for evacuation are being thought out, and before they are completed we wish to draw attention to these problems.

There are dangers in the interference with the life of a toddler which have but little counterpart in the case of older children. Evacuation of older children has been sufficiently successful to show, if it were not known before, that many children over 5 can stand separation from home and even benefit from it. It does not follow from this that the evacuation of smaller children without their mothers can be equally successful or free from danger.

From among much research done on this subject a recent investigation carried out by one of us at the London Child Guidance Clinic may be quoted. It showed that one important external factor in the causation of persistent delinquency is a small child's prolonged separation from his mother. Over half of a statistically valid series of cases investigated had suffered periods of separation from their mothers and familiar environment lasting six months or more during their first five years of life. Study of individual case histories confirmed the statistical inference that the separation was the outstanding aetiological factor in these cases. Apart from such a gross abnormality as chronic delinquency, mild behaviour disorders, anxiety, and a tendency to vague physical illness can often be traced to such disturbances of the little child's environment, and most mothers of small children recognize this by being unwilling to leave their little children for more than very short periods.

It is quite possible for a child of any age to feel sad or upset at having to leave home, but the point that we wish to make is that such an experience in the case of a little child can mean far more than the actual experience of sadness. It can in fact amount to an emotional "black-out," and can easily lead to a severe disturbance of the development of the personality which may persist throughout life. (Orphans and children without homes start off as tragedies, and we are not dealing with the problems of their evacuation in this letter.)

These views are frequently questioned by workers in day nurseries and children's homes, who speak of the extraordinary way in which small children accustom themselves to a new person and appear quite happy, while those who are a little older often show signs of distress. This may be true, but in our opinion this happiness can easily be deceptive. In spite of it children often fail to recognize their mothers on returning home. When this happens it is found that radical harm has been done and the child's character seriously warped. The capacity to experience and express sadness marks a stage in the development of a child's personality and capacity for social relationships.

If these opinions are correct it follows that evacuation of small children without their mothers can lead to very serious and widespread psychological disorder. For instance, it can lead to a big increase in juvenile delinquency in the next decade.

A great deal more can be said about this problem on the basis of known facts. By this letter we only wish to draw the attention of those who are in authority to the existence of the problem.—We are, etc.,

JOHN BOWLBY.
EMANUEL MILLER.
D. W. WINNICOTT.

London, W.1, Dec. 6.

Psychological Casualties in War

SIR,—Dr. R. D. Gillespie's reply (*Journal*, December 2, p. 1110) to my letter (November 18, p. 1020) accuses me of polemics resembling Hitlerian propaganda. He makes use also of that least admirable of arguments, the sneer. I am in fact an admirer of the ingenuous Socratic method, and believe myself to be quite unskilled in the subtler technique of Goebbels. "The assertions made," Dr. Gillespie says, "are so roundly extravagant as to stupefy opposition." The heavy artillery of authority is brought to bear on me, although I introduced my main contentions with the words "I think" or "I believe." I think this is not the method of assertion.

Strangely enough, I appear to have a greater belief in the need for Dr. Gillespie's special line than he himself has. In the recent years of so-called peace the demand for psychological treatment has been such that some patients were promised treatment at one centre in the quite remote future. The period of waiting was two years or even longer. Here was an urgent problem which I, and at least some others, believed the war would make more urgent. The departments attached to general hospitals are valuable, and some patients prefer to attend these. I think, however, that Dr. Gillespie will find it difficult to convince general practitioners that they should not send their patients to "psychotherapeutic centres" which exist apart from general hospitals. In his letter in your issue of November 4 (p. 926) he says of such centres, "The divorce of psychotherapy from general medicine is apt to have as its consequence a divorce from sanity." We allow the aurists and oculists to have buildings of their own without protest. We even have a hospital for diseases of the rectum. Why deny the psychotherapists centres of their own? All specialists have to guard against a too narrow professional outlook, no matter what sort of building they attend.

Dr. Gillespie says, "No psychiatrist will agree that 'any of us is capable of being [*I* wrote *becoming*] psychotic.'" I had hoped that this idea was at least worth thinking about. It was in any case not asserted, but presented as a personal belief and a corollary to the hypothesis that in fortunate circumstances potential psychotics might fail to become actual. It is surely heroic to postulate for anyone an absolute immunity to psychosis. There is evidence in favour of my suggestion which goes some way towards proving it. Psychosis is sometimes cured. We might consider the cured psychotic as someone who has recovered from an illness that "the flesh is heir to." In the *Journal* not long ago you published an account of some cases of certified psychosis for whom it was claimed that dental treatment cured them. Various infections, toxaemias, and poisons have the effect of producing as a by-product symptoms of psychosis, and even clear-cut psychotic syndromes—for example, Korsakow's psychosis and G.P.I. A large book has been written by Dr. W. K. Anderson on malarial psychoses. Individual predisposition, rightly emphasized by Dr. Gillespie, may be a factor in all such cases, but how far is it a factor? Stress or trauma of some kind is, I believe, also a factor in every case of psychosis, and every human being has, I think, a threshold of vulnerability. —I am, etc.,

London, S.E.14, Dec. 3. ALLAN A. MACDOUGALL.

Treatment of War Fractures by the Closed Method

SIR,—Dr. Trueta's address on this subject, published in the *Journal* of December 2 (p. 1073), is one which every surgeon who may be called upon sooner or later to deal with wounds from war missiles should read with care. His conviction that to avoid true shock—that is, septic infection—operations for compound fractures must be performed within a time limit of two hours is one with which we shall all agree. If wholesale bombing of large cities should ever be indulged in this optimum time will, I am afraid, be very often exceeded.

The outstanding lesson of the last war as regards surgical treatment was that complete débridement of wounds was the first great essential, especially the complete exposure of the whole track of a wound and the ruthless cutting away of any dead or dying muscle. The rough-and-ready methods of deciding if muscle is in either of these conditions as evidenced by its appearance—pale pink instead of a deep red colour—and its failure to contract when nipped by dissecting forceps, are the only practical rules for the surgeon's guidance. When he has carried out these essential principles, and if the optimum time has elapsed, what guarantee has the surgeon that he has forestalled all risk of sepsis from *B. welchii* or streptococcus? The answer is, None.

If that is so there is one sentence in Dr. Trueta's address which is worthy of special notice: "When in spite of this excision there is still doubt about the vitality of the tissues that remain . . . it is essential to wait two or three days before putting on plaster." This is sound advice indeed, and it needs to be stressed; because the impression had got about that Dr. Trueta advocated the use of plaster-of-Paris in *all* cases. By covering up a doubtful wound in a plaster case the surgeon will thereby deprive himself of the use of two faculties which should warn him that all is not well with the wound. The information to be gained from the use of eyes and nose is too precious in doubtful cases to mask it under a covering of plaster.—I am, etc.,

York, Dec. 3. J. G. CRAIG.

Bipp

SIR,—In the *Journal* of December 9 (p. 1164) I see a letter with the heading "Bipp." The writer evidently does not know the true composition of it or its history, or of the fact that it was conceived by a very distinguished Newcastle surgeon, the late Professor Rutherford Morison, during the great war. After his discovery of this substance he was asked to go over to France to instruct the Army surgeons there how to use it, and he did. Whoever the individual was who gave the formula given in the letter was wrong. Undoubtedly Morison's "bipp" did revolutionize the treatment of war wounds. To put the matter beyond dispute I quote a passage from a letter sent by Professor Morison to one of his old house-surgeons, Professor Willan of Newcastle. On May 27, 1916, he writes:

"You will be glad to hear I have accomplished the greatest thing for surgery in this war. I have discovered an antidote to true sepsis, and we are now about to leave dirty wounds undressed for a whole month. Think of what this means for compound fractures. Programme: open up and clean the wound; mop it out with spirit, then fill it with paste and cover with dressing. Paste: Iodoform two parts, bismuth subnitrate one part, paraffin q.s. to make a paste. Compound fractures have done with a dressing which has been left for two to four weeks, and several of them have united in less than six.

"It took twenty-five years to make surgeons believe I could get large aseptic wounds to heal without drainage under a single dressing. I hope that the same time will not be taken in getting the same belief accepted for septic ones, but I fear it. There is